53890 13031

FEC FORM 1

STATEMENT OF **ORGANIZATION**

RECEIVED

2013 OCT 28 AM 8: 24

| | | | Office Use On | lly |
|--|----------------------------|---|---------------------|---------------------|
| NAME OF COMMITTEE (in full) | (Check if name is changed) | Example: If typing, type over the lines. | 12FE4M5 TECM | TAIL CENTER |
| Produce Li IAIME | RUCIÐIN LICON | deinsihipi Pal | INTINCIA 4 ACIT | TUOIALL |
| COMMUTTIES | | | | |
| ADDRESS (number and street) | 25001 Right | UNE WAY | | |
| (Check if address is changed) | | | | |
| . | GILIEINIVILIEILO CITYA | | STATE A ZI | ST-LIP CODE A |
| COMMITTEE'S E-MAIL ADDRES | SS | | · | |
| (Check if address is changed) | Optional Second E-Mail A | | | |
| | | | | |
| COMMITTEE'S WEB PAGE ADI | DRESS (URL) | | | |
| (Check if address is changed) | | | <u> </u> | |
| (********* *************************** | | | 1 1 1 1 1 1 1 1 1 1 | |
| 2. DATE 1 0 2 | 2 2013 | | | |
| 3. FEC IDENTIFICATION NUMBER ▶ CC. S. 2.8.7.6.8 | | | | |
| 4. IS THIS STATEMENT | NEW (N) OR | AMENDED (A) | | |
| I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. | | | | |
| Type or Print Name of Treasure | Janine - | Pawlus | | |
| Signature of Treasurer | <u> </u> | | Date O 'SS | 30.1.3 |
| NOTE: Submission of false, errone | | on may subject the person signing | | of 2 U.S.C. §437g. |
| Office Use Only | | For further Information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100 | sion FEC F | ORM 1 1 06/2012) |

Local 202-694-1100